



**State of Hawaii
Department of Health
Behavioral Health Administration (BHA)
Center for Operational and Regulatory Excellence (CORE)
Kaneohe-Kualoa, Oahu**

**CORE MIS APPLICATION
INTERFACE-CONTEXT MGMT**

(\$60,000 - \$70,000 per year commensurate with training and experience)

Manages and supports the implementation of electronic medical records (EMR) including Admission, Discharge, Transfer, Billing, Computerized Physician Order Entry and clinical charting for CORE.

Minimum Qualification Requirements

Education Requirement: Prefer bachelor's degree from an accredited four-year college or university in Computer Programming, Management Information Systems, or a related field of study.

Experience Preferred:

Three (3) years of experience in technical development of management information systems and expertise in HL7 interface standards and language.

In addition, the following experience, which may have been gained concurrently with the aforementioned:

Three (3) years of clinical or operational experience in the area related to interfaces and content management, and in working with clinicians on direct service health care or health care research; and one (1) year of experience with a relational database on PC-based LAN and WAN, HIPAA Privacy requirements, and in the development of web-based database design using Oracle.

Knowledge of electronic health record systems; computer operating systems; HIPAA requirements; programming languages used by present staff including Visual Basic, Access, SQL, MS Exchange, MS Server, Crystal Reports and related programming languages or currently used-third party application.

Ability to be flexible and self-starting, provide a high level of customer service to internal customers, and manage multiple projects with sometimes conflicting priorities; interact with a broad spectrum of management throughout the BHA and external organizations including BHA purchase of service providers; communicate effectively both orally and in writing; establish and maintain effective communication and working relationships with managers, coworkers and other system users; determine necessity of new applications in meeting organizational needs; troubleshoot computer hardware and software/application problems.

Who May Apply

Citizens, permanent resident aliens, or nationals of the United States; and non-citizens with unrestricted employment authorization from the U.S. Immigration and Naturalization Service.

How to Apply

Submit completed State of Hawai'i Application for Non-Civil Service Appointment (copy attached) to:

CORE Recruitment
1250 Punchbowl Street, Room 257
Honolulu, HI 96813

or fax to (808) 586-5654

Recruitment is continuous until needs are met.

Other Information

This position is exempt from the civil service. Employment in such positions is considered to be "at will." This position is also subject to furlough and pay reductions as negotiated in collective bargaining.

Incumbent must be able to work a variable work schedule and work outside normally scheduled work hours.

For more information, please contact Paula at (808)586-4690 or email paula.sumida@doh.hawaii.gov.

STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

DEPARTMENT OF HEALTH
CORE Recruitment
1250 Punchbowl Street, Room 257
Honolulu, Hawaii 96813



FOR OFFICIAL USE ONLY
DEPARTMENTAL PERSONNEL
STAFF TO SELECT CATEGORY.

- ☐ Exempt
☐ Other: (state below) _____

RECEIVED DATE/TIME STAMP

GENERAL INSTRUCTIONS TO APPLICANT: Please type or print legibly in ink.

The information you provide will be used to determine whether you qualify for the job for which you are applying.

- This application form is to be used for non-civil service positions.
- Before applying, read the job requirements described in the job announcement carefully to determine if you qualify for the job.
- Any additional required forms described in the job announcement can be obtained from this office.
- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, address, telephone number or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1 and 2 will not be released to persons involved in the appointment process.

The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

1. _____
JOB TITLE APPLYING FOR

2. _____
RECRUITMENT NUMBER or POSITION NUMBER

3. NAME: _____
Last First Middle

OTHER NAMES
USED OR
FORMER

4. LAST NAME: _____

MAILING
5. ADDRESS: _____
P.O. Box or Street Address

6. _____
City State Zip Code

E-MAIL
7. ADDRESS: _____

PHONE
8. NUMBER: _____
Home Other

9. CITIZENSHIP STATUS. The requirement for Citizenship must be met at the time of application. Place a checkmark in the appropriate block:

- A. ☐ Citizen of the U.S.
B. ☐ National of the U.S. (includes persons born in American Samoa, includes Swain's Island.)
C. ☐ Permanent Resident Alien of the U.S.
D. ☐ Other – Non-citizen authorized under federal law to work in the U.S.

If you selected "Other-Non-Citizen" in Question #9D, do you have an Employment Authorization Document (EAD) or other documentation allowing you to work in the U.S. without restrictions and/or employer sponsorship?

☐ Yes ☐ No

Please explain your "Yes" or "No" answer. _____

10. NOTICE OF "AT WILL" EMPLOYMENT

The job you are applying for is temporary in nature. Therefore, if appointed to the position, your employment will be considered to be "At Will," which means that you may be discharged from your employment at the prerogative of your department head or designee at any time.

CERTIFICATE OF APPLICANT

I have been informed and understand that this application is for consideration of a job that is temporary in duration, has limited or no benefits, and employment if offered is only on an "At Will" basis. A new application is to be submitted for each consideration. I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

Date

Original Signature of Applicant

STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE POSITIONS

The information on pages 1 and 2 will not be released to persons involved in the appointment process.

Information requested in items 11 through 18 is needed to make determinations on your suitability for employment. Convictions, dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment.

11. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment? ☐ YES ☐ NO

B) Separated from military service under conditions other than honorable? ☐ YES ☐ NO

(If you answer "Yes" to question 11A or 11B, please indicate in item #12 below, the date and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

12. _____

13. CONVICTION OF A VIOLATION OF LAW

A) Have you been convicted of a violation of law? ☐ YES ☐ NO

Report state, federal, military, international and other convictions. Convictions of felony and misdemeanor offenses (including petty misdemeanor, DUI, contempt of court, etc.) must be reported.

NOTE: In answering this question, you need NOT report the following:

- (1) Arrests not followed by convictions;
- (2) Convictions which were annulled or expunged;
- (3) Offenses for which you were tried as a minor or juvenile;
- (4) Convictions of offenses punishable by fine only. (You must report any conviction that **could have** resulted in a jail sentence even if your sentence was only a fine. If you are in doubt, please answer "YES" and explain in item #14 below.)
- (5) Convictions of a misdemeanor in which the period of 20 years has elapsed since the date the sentence was fulfilled and during which elapsed time there has not been any subsequent arrest or conviction.

B) Within the past three years, have you been convicted of any offense related to controlled substances? ☐ YES ☐ NO

C) Have you ever been convicted of any act, attempt, or conspiracy to overthrow the State or federal government by force or violence? ☐ YES ☐ NO

(If you answer "Yes" to question 13A, 13B, or 13C, indicate in item #14 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

14. _____

15. SUSPENSION OR REVOCATION OF LICENSE

Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? ☐ YES ☐ NO

(If you answer "Yes," please indicate in item #16 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

16. _____

17. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program, or, are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawaii? ☐ YES ☐ NO

(If you answer "Yes," to question 17, please explain in detail in item #18 below the reason and date of your settlement or restriction from applying with the State of Hawaii.)

18. _____

FOR OFFICIAL USE ONLY
PERSONNEL OFFICE TO
SELECT CATEGORY.
☐ Exempt
☐ Other: (state below)

1. JOB TITLE APPLYING FOR: _____

2. RECRUITMENT NUMBER or POSITION NUMBER: _____

3. NAME: _____
Last First Middle

4. OTHER NAMES USED OR FORMER LAST NAME: _____

MAILING

5. ADDRESS: _____
P.O. Box or Street Address

6. _____
City State Zip Code

7. E-MAIL ADDRESS: _____

8. PHONE NO.: _____
Home Other

DO NOT
WRITE IN
THIS
SPACE

Did you graduate? Yes:___ No:___ If no, what grade level did you complete? _____
Did you receive a GED? Yes:___ No:___

NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received	Date Received
		Semester	Quarter		

A. DRIVER'S LICENSE: DO YOU POSSESS A VALID DRIVER'S LICENSE? Yes: _____ No: _____

DRIVER'S LICENSE # _____ **State:** _____ **Class/Type:** _____ **Expiration Date:** _____

If the job requires a valid driver's license, please submit a clear photocopy of both sides of your driver's license with application.

B. OTHER LICENSES OR CERTIFICATES: Please indicate the kind, registration number, and the State or other licensing authority. *If proof of evidence is required, please submit a photocopy or present for verification.*

LANGUAGE	SPEAK	READ	WRITE

EDUCATION AND EMPLOYMENT HISTORY

STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE POSITIONS

11. EXPERIENCE: Please type or print legibly in ink. Begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled "Experience" and attach it to this form. Information you submit on this form may be verified. **Do not submit a resume in place of completing this page.**

Please complete this section even if you are attaching a resume or other documents.

Your Present or Last Position	
Employer _____ Address _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____
Employer _____ Address _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____
Employer _____ Address _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____
Employer _____ Address _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____

EXEMPT EMPLOYMENT AVAILABILITY INFORMATION

Name: _____ Last _____ First _____ M.I. _____

JOB TITLE	LOCATION

I will consider jobs in the locations checked below:

OAHU

- ☐ Ewa (Includes Makakilo, Kapolei, Barber's Point, Ewa Beach)
☐ Waipahu to Aiea (Includes Waikale, Waipio, Pearl City)
☐ Halawa to Kalihi (Includes Aliamanu, Airport, Salt Lake, Moanalua, Mapunapuna, Kapalama, Palama, Sand Island, Iwilei)
☐ Downtown (Includes Nuuanu, Pauoa, Makiki-Kapiolani, Ala Moana)
☐ Manoa to Kahala (Includes Moiliili, McCully, Waikiki, Kapahulu, Kaimuki, Palolo, Waialae to Wailupe)
☐ Aiea Haina to Hawaii Kai
☐ Waimanalo to Kailua
☐ Kaneohe to Kualoa (Includes Kahaluu, Waiahole, Waikane)
☐ Kaaawa to Kahuku (Includes Punahoa, Hauula, Laie, Kahuku)
☐ North Shore (Includes Sunset Beach, Waimea, Haleiwa, Waialua, Mokuia)
☐ Wahiawa/Kunia/Mililani
☐ Waianae Coast (Includes Maili, Nanakuli, Waianae, Makaha)

HAWAII

- ☐ Hilo (Includes Papaikou, Pepekeo, Hononu, Hakalau, Ninole, Papaaloa, Laupahoehoe)
☐ Honokaa/Hamakua (Includes Ooala, Paauilo, Paauhau, Haina, Kukuihaele)
☐ Kamuela/Kohala/Waikoloa (Includes Halaule, Papaau, Hawi, Kawaihae)
☐ Kona (Includes Keahole, Kailua-Kona, Holualoa, Keauhou, Kealahou, Captain Cook, Honaunau)
☐ Ka'u (Includes Ocean View, Naalehu, Pahala)
☐ Puna (Includes Hawaii Volcanoes Nat'l Park, Volcano, Kurtistown, Mountain View, Keaau, Pahoa, Kapoho)

I will accept a job which is ☐ Temporary

I am interested in jobs which are ☐ Full-time ☐ Part-time

I have a driver's license: ☐ Yes ☐ No Type of License _____

Applicant Signature: _____ Date: _____

MAUI

- ☐ Wailuku/Kahului (Includes Puunene, Paukalo, Waichu, Waihee)
☐ Lahaina
☐ Maalea/Kihici/Wailea
☐ Hana
☐ Makawao (Includes Pukalani, Paia, Haiku, Haliimaile)
☐ Kula

KAUAI

- ☐ Lihue (Includes Hanalei)
☐ Kapaa (Includes Wailua, Kealia, Anahola)
☐ Hanalei (Includes Kilauea, Princeville, Haena)
☐ Waimea (Includes Kokee, Kekaha, Kaunakani, Hanapepe, Elele, Port Allen, Kalaheo)
☐ Koloa (Includes Lawai, Omao)

LANAI

- ☐ Lanai City

MOLOKAI

- ☐ Kaunakakai (Includes Maunaloa, Hoolehua, Kualapuu)
☐ Kalaupapa